



## VOLUNTEER APPLICATION

### CITY OF CHULA VISTA

276 Fourth Avenue

Chula Vista, CA 91910

Phone: (619) 691-5096, Fax: (619) 409-5915

Select one of the following:

- ☐ Volunteer \_\_\_\_\_  
☐ Intern \_\_\_\_\_  
☐ Work Experience \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
(Street and Number)  
\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Person to call in an emergency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### How did you hear about volunteer opportunities at the City of Chula Vista:

- ☐ Friend ☐ City of Chula Vista Spotlight ☐ City of Chula Vista Website  
☐ School Requirement ☐ Association with the program ☐ Other \_\_\_\_\_

### EDUCATION AND SKILLS

#### Please check Highest Grade Completed:

- ☐ Middle School ☐ 4-year degree  
☐ Jr. College ☐ Graduate work beyond 4 years  
☐ High School / GED

List any special training, education, skills or hobbies that help us to better place you as a volunteer.

Bilingual Skills – Please indicate language(s) and if you speak, read and/or write the language.

### WORK EXPERIENCE

Present or previous occupations (include volunteer work). Use separate sheet for additional employer information.

Employer Name and Address:	Phone:	Duties:
Dates: FROM: TO:	Reason for Leaving:	
Employer Name and Address:	Phone:	Duties:
Dates: FROM: TO:	Reason for Leaving:	
Employer Name and Address:	Phone:	Duties:
Dates: FROM: TO:	Reason for Leaving:	
Have you ever been discharged or forced to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of any criminal offense? (Do not include minor traffic tickets unless you were taken into custody.)* <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No

\*Drunk driving, reckless driving, hit and run driving and failure to appear convictions are not minor traffic violations.

#### Please give two references of individuals NOT related to you.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## VOLUNTEER INFORMATION

PLEASE CHECK THE TYPE OF VOLUNTEER WORK YOU WOULD LIKE TO DO:

*Some positions may require a background check*

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Office Support – Specify Dept.:</b> _____<br><br><input type="checkbox"/> <b>Engineering</b><br><br><input type="checkbox"/> <b>Planning</b><br><input type="checkbox"/> Vision 2020<br><br><input type="checkbox"/> <b>Library</b><br><input type="checkbox"/> Adult Literacy<br><input type="checkbox"/> After School Program<br><input type="checkbox"/> Bookstore/Friends<br><input type="checkbox"/> CD/Cassette Shelving<br><input type="checkbox"/> Children's Services<br><input type="checkbox"/> Clerical Tasks<br><input type="checkbox"/> Computer Aide<br><input type="checkbox"/> Delivery of books to the homebound<br><input type="checkbox"/> Filing<br><br><input type="checkbox"/> <b>Nature Center</b><br><input type="checkbox"/> Aquarists<br><input type="checkbox"/> Bird Walk Leaders<br><input type="checkbox"/> Bird Crew<br><input type="checkbox"/> Bookstore/Admissions Desk<br><input type="checkbox"/> Clapper Rail Observer<br><input type="checkbox"/> Computer Crew<br><input type="checkbox"/> Docent<br><input type="checkbox"/> Greenhouse/Gardeners<br><br><input type="checkbox"/> <b>Police Department</b><br><input type="checkbox"/> Animal Shelter<br><input type="checkbox"/> Citizen's Adversity Support Team (CAST)<br><input type="checkbox"/> Explorer Scouts<br><input type="checkbox"/> Mounted Police<br><br><input type="checkbox"/> <b>Recreation Department</b><br><input type="checkbox"/> Aquatics<br><input type="checkbox"/> Community Advisor<br><input type="checkbox"/> Computer Center for Seniors<br><input type="checkbox"/> Inclusive Aide<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Office/Clerical<br><input type="checkbox"/> Photography | <input type="checkbox"/> <b>Community Development</b><br><br><input type="checkbox"/> <b>Finance</b><br><br><input type="checkbox"/> <b>Human Resources</b><br><br><input type="checkbox"/> Graphics/Art Projects<br><input type="checkbox"/> Greeters<br><input type="checkbox"/> Internet Assistant<br><input type="checkbox"/> Museum Docent<br><input type="checkbox"/> Shelf Reading<br><input type="checkbox"/> Shelving<br><input type="checkbox"/> Special Projects<br><input type="checkbox"/> Summer Reading Program<br><input type="checkbox"/> Youth Literacy<br><br><input type="checkbox"/> Maintenance Crew<br><input type="checkbox"/> Nature Craft Assistant<br><input type="checkbox"/> Newsletter<br><input type="checkbox"/> Office Assistant<br><input type="checkbox"/> Party Coordinator<br><input type="checkbox"/> Petting Pool<br><input type="checkbox"/> Translators/Interpreters<br><br><input type="checkbox"/> Police Reserve<br><input type="checkbox"/> Police Support<br><input type="checkbox"/> Senior Volunteer Patrol Program (SVPP)<br><br><input type="checkbox"/> Program Assistance<br><input type="checkbox"/> Program Development<br><input type="checkbox"/> Senior Center<br><input type="checkbox"/> Special Events<br><input type="checkbox"/> Specialized Program Instructor<br><input type="checkbox"/> Sports/Coaching/Scorekeeping<br><input type="checkbox"/> Therapeutic Programs |
|--|---|

Please list any physical limitations that need to be accommodated to help you volunteer.

Please state what days and times you are available to volunteer.

DAY:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME:							

I understand that, as a volunteer, I am representing the City of Chula Vista and will adhere to the guidelines set forth by the program. I acknowledge that the City of Chula Vista does not take court referred volunteers.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If you are under 18 years of age, a parent/guardian must sign. (You must be 15-1/2 years old to volunteer)

I give permission to my child to volunteer for the City of Chula Vista.

**Parent / Guardian**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_